

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044839

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 257 Primary Registration District No. 5884 Registrar's No. 37

STATE FILE NUMBER

FILED DEC 2 1963

1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b DOA	c. CITY OR TOWN Rock Hill Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1033 N. Rock Hill Rd. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) LAWRENCE		4. DATE OF DEATH Month Nov. Day 26 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-22-1944
9. AGE (last birthday) 19		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Rolla Sch. Mines	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Lawrence H. Baumstark Sr.	
13b. MOTHER'S MAIDEN NAME Rose Hertel Baumstark		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT L.H. Baumstark Sr.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fracture of skull Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Internal injuries DUE TO (b) Internal injuries DUE TO (c) Internal injuries PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile accident on		20c. TIME OF INJURY Hour 9:45 a.m. p.m. Month, Day, Year 11-26-1963	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Hiway S #63	
20f. CITY, TOWN, OR LOCATION near Fanning		COUNTY Osage STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:44 - 9:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. J. Morton (Degree or title) Coroner		22b. ADDRESS Box M, Linn, Mo.	
22c. DATE SIGNED 11/26/63		22d. STATE Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-29-1963	
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		23d. LOCATION (City, town, or county) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR Pfizinger Mort.		25. ADDRESS Kirkwood 22, Mo.	
25. DATE RECD. BY LOCAL REG. 11-26-63		26. REGISTRAR'S SIGNATURE Mrs. Lyle Morton	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS 300 Rev. 4/59	DATE AMENDED	ITEM NO.
1 0760		
2 4038		
3		
4 0		
5 0		
6		
7 0		
8 2		
9 X		
10		
11 076		
12 92-3		
13 20		

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DEC 4 1963

FEB 25 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ben E. Hoffman
Licensed Embalmer No. 366
P. O. Address Quincy, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.